CLAIMS ONLY

Application Number	Filing Date
10520 FBS	
Applicant(s)	

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*			*			*		
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend		Indep	Depend		Indep	Depend
1			1				51								
2							52								
3							53								
4							54								
5							55								
6							56								
7							57								
8			1				58								
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45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
Total Indep			2				Total Indep								
Total Depend			16				Total Depend								
Total Claims			18				Total Claims								